

## NSLS Department New Employee/Guest Orientation

Employee/Guest Name: \_\_\_\_\_ Ext: \_\_\_\_\_ Life/Guest No.: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Department/Division: National Synchrotron Light Source Dept/Div. Code: 103 End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Ext.: \_\_\_\_\_ Req.#: \_\_\_\_\_ Contract # \_\_\_\_\_ Bldg. No.: \_\_\_\_\_

- |  |       |                                  |       |      |
|--|-------|----------------------------------|-------|------|
| 1. General orientation/check-in at Human Resources, Bldg. 185, Brookhaven Ave.   | _____ | Human Resources Signature        | _____ | Date |
| 2. BNL identification card/vehicle pass issued (Building 30)   | _____ | Security Signature               | _____ | Date |
| 3. Corinne Messana - NSLS, Room 2-104, x-7398 : Appt's made (Y/N); R2A2 (Y/N); Photo / Intro rec'd (Y/N); VISA copy (Y/N) for folder; Resume to empl. file (Y/N); Personal File Info Memo (Y/N); copy ID for file and for Al Levine (Y/N). | _____ | Signature                        | _____ | Date |
| 4. Supervisor's briefing on job and work location specific hazards R2A2 completed / signed (Y/N); PHOTO intro sent to C. Messana (Y/N)   | _____ | Supervisor's Signature           | _____ | Date |
| 5. ES&H Coordinator's Briefing - <i>Meet with Nicholas Gmür, ext. 2490, Rm.2-159, Bldg.725C. Appt. _____</i>   | _____ | ES&H Coordinator's Signature     | _____ | Date |
| 6. Training Coordinator's Briefing - <i>Meet with Training Coordinator, ext. 2295, Rm. 2-160, Bldg. 725D. Appt. _____</i>  | _____ | Training Coordinator's Signature | _____ | Date |
| 7. RCD Facility Representative Briefing - <i>Meet with Nate Foster, ext. 5496 Pager 631-252-8178, Rm.1-175, Bldg. 725A. Appt. _____</i><br>Permanent Badge (Y/N) - Location: _____   | _____ | RCD Rep. Signature               | _____ | Date |
| 8. User Administration (Rm. 2-100, ext. 8737): Register as User : (Y/N)<br>Temp TLD issued: (Y/N) BNL ID card encoded for access*: (Y/N)<br>* Prerequisites: <i>ESH Briefing &amp; training items 2 and 3 below completed</i>              | _____ | User Admin. Signature            | _____ | Date |
| 9. PC Administrator - Copy of Lab ID for computer account and e-mail<br><i>Al Levine, x-4707, Rm. 2-113, Bldg. 725B. Appt: _____</i>   | _____ | Signature                        | _____ | Date |
| 10. Associate Chair – <i>Meet to discuss programmatic and ESH roles and responsibilities.</i><br>Appointment with: _____ on: _____   | _____ | Signature                        | _____ | Date |

### General BNL Site / Radiological / Facility Training

- |   | Supervisor Init. | Date Completed |
|---|------------------|----------------|
| 1. BNL Site Orientation: SUPERVISOR SELECT ONE<br><input type="checkbox"/> Employees: General Employee Training (GET) ( <b>Building 703</b> , Mondays at 1pm)<br><input type="checkbox"/> Guests: Guest Site Orientation (TQ-GSO, on the web)   | _____            | _____          |
| 2. Radiological Training: SUPERVISOR SELECT ONE<br><input type="checkbox"/> GERT: General Employee Radiological Training (HP-RWT001, web course)<br><input type="checkbox"/> Radiological Worker 1 (HP-RWT002, web course + classroom session)  | _____            | _____          |
| 3. NSLS Facility-Specific Safety Orientation: SUPERVISOR SELECT ONE<br><input type="checkbox"/> For Beamline Users, non-resident (User Safety Module web course, LS-ESH-USERS)<br><input type="checkbox"/> For NSLS Scientific/Technical Staff, and any resident Beamline Staff (Staff Safety Module web course, LS-ESH-SCITECH)<br><input type="checkbox"/> Not Applicable (administrative/computer work only, minimal time spent on Experimental Floor) | _____            | _____          |
| <input type="checkbox"/> Additional Training is Required (If box is checked, see other side of this page for courses)   |                  |                |

I have undergone the ESH Briefing & NSLS Facility Specific Safety Orientation and will abide by the safety rules and procedures of the NSLS outlined in the Orientation & by the ES&H Coordinator & RCD Facility Representative.

Employee/Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN FORM TO CORINNE MESSANA AFTER COMPLETION -- WITHIN 2 WEEKS OF START DATE**